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A FIVE TO TEN-YEAR FOLLOW-UP STUDY OF HOSPITALIZED SCHOOL PHOBIC CHILDREN AND ADOLESCENTS.

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A FIVE TO 10 YEAR FOLLOW-UP STUDY OF A GROUP OF 16 CHILDREN AND ADOLESCENTS ORIGINALLY HOSPITALIZED FOR A SCHOOL PHOBIC SYNDROME IS REPORTED. THE PRIMARY FOCUS WAS UPON 14 NEUROTIC CHILDREN. THE OTHER TWO CHILDREN WERE CLASSIFIED AS BORDERLINE PSYCHOTICS. AT THE TIME OF THE FOLLOW-UP, THE FOUR MALES AND 10 FEMALES RANGED IN AGE FROM 14 TO 23 WITH A MEDIAN AGE OF 19 1/2. THE STUDY ASSESSED ADAPTATION THROUGH FACTORS SUCH AS SCHOOL AND WORK ATTAINMENTS, INDEPENDENCE, PEER AND HETEROSEXUAL RELATIONSHIPS, SOCIAL ACTIVITY INTERESTS, AND RELATIONSHIPS WITH THE PRIMARY FAMILY. INTERVIEWS WERE HELD WITH THE SUBJECTS OR THEIR PARENTS. THE SUBJECTS EXPERIENCED LITTLE DIFFICULTY IN RETURNING TO SCHOOL AFTER HOSPITALIZATION. ALL BUT ONE GRADUATED FROM HIGH SCHOOL. OVER HALF HAD SOME COLLEGE CREDITS. THEY EXPERIENCED SOME SOCIAL DISCOMFORT IN SCHOOL, BUT WORK ADAPTATION WAS GENERALLY GOOD. FOR HALF THE GROUP, SIGNIFICANT SOCIAL PROBLEMS REGARDING THEIR PEERS, SIBLINGS, AND PARENTS WERE FOUND. THE SUBJECTS AND THEIR PARENTS WERE GENERALLY POSITIVE ABOUT THEIR HOSPITALIZATION. IN TERMS OF CROSS-SECTIONAL PSYCHOLOGICAL ASSESSMENTS, ONLY ONE PERSON COULD BE CONSIDERED NORMAL. THE GROUP AS A WHOLE SHOWED A HIGH LEVEL OF ADULT FUNCTIONING, ESPECIALLY IN THE AREAS OF OCCUPATION AND INDEPENDENCE. THIS PAPER WAS PRESENTED AT THE AMERICAN ORTHOPSYCHIATRIC ASSOCIATION, WASHINGTON, D.C., MARCH 22, 1967. (SK)

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I. INTRODUCTION

This paper reports a follow-up study of 16 children who were hospitalized at Hawthorn Center between 1956 and 1960 for a school phobic syndrome.[7]

In the original study this group had the following make-up when hospitalized.

TABLE 1

Age and Sex Distribution at Time of Hospitalization

Ages	Girls	Boys
8-11	3	1
12-14	5	4
15-16	2	1
Totals	10	6

The range of ages was between 8 and 16 with a median of 13 years.

In the original study 2 boys of the 16 children were diagnosed as borderline psychotic in which the school phobia was really part of a severe pervasive illness involving many psychological defenses. These 2 cases were not considered with the rest. The primary focus was upon the 14 neurotic children who divided into two groups of an equal number.

Group I consisted of the neurotic children whose clinical picture, individual and intra-familial dynamics were already well described in the literature. These children were anxiously conflicted about their dependent and oedipal ties to their parents. The families were overly close, and overconcerned, protecting the child in an atmosphere of anxiety and sometimes disguised hostility. The mothers of

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group I were themselves neurotic, phobic women clinging to the child as if his growth was a threat of abandonment to her. The children were overly anxious, capable of a comparatively warm object relationship, and visibly upset with the separation from their mother when hospitalized.

Though the group II neurotic children resembled the first group in terms of the primary symptom and the separation anxiety underlying it, significant differences were seen. The group II children were less discriminating in the quality and more limited in the depth of their object relationships. They appeared less overtly anxious, suffered less separation anxiety when hospitalized. They were cooler emotionally. In these families the psychopathology was more serious. Family conflict and disorganization with an atmosphere of coldness and some emotional deprivation were common. Most of the parents had serious character problems or depressions and psychotic conditions. For various reasons the mothers were narcissistically inclined, experiencing their children's care as excessively burdensome. Their children were partially gratified and clung to their reluctant mothers in the hope of receiving affection and support.

At the time of discharge from the hospital the following dispositions were made for the 14 neurotic children:

TABLE 2

Post Hospital Disposition	Numbers
Residential group placement	3
Boarding school	5
Home	6
Total	14

Only 3 children received some outpatient psychotherapy after their return home.

II METHOD of STUDY and DESCRIPTION of the GROUP:

At the time of the follow-up study the ages of the adolescents and young adults ranged between 14 and 23 with a median age of 19½. Hence, with the exception

of 2 children all of the group were now in their early 20's and late teens.

TABLE 3

Age and Sex Distribution at Time of Follow-Up Study.

Ages	Women	Men
14-16	2	0
18-20	3	4
21-23	5	0
Total	10	4

We tried to interview each subject and his parents. We wanted to assess those factors which reflected his overall adaptation through adolescence and into adulthood: school and work attainments, independence, peer and heterosexual relationships, social activity and interests. We were interested in his continuing relationships with his primary family, how the family influenced his development as an adult. We also wanted to learn how the subjects felt about their previous illness, their hospitalization and the help they received. Last we wanted to assess the group cross-sectionally, to determine the nature and extent of their neurotic symptoms, to measure their affect and object relationships, in brief, to define their personality structures.

Though we followed an outline an attempt was made to have the people speak and relate spontaneously, to invite as much free discussion as possible.

Of the 14 neurotic subjects 9 were personally interviewed. With 3,phone interviews had to suffice. One young lady now lived in a distant state, the other 2 refused to meet us but spoke at length by phone. In 2 cases we talked to the parents but they were determined that we should not see their daughter and "upset her." One of these young ladies did fill out a lengthy questionnaire. Another young woman who had previously been overtly dependent upon her over-anxious mother was put into a dilemma when the family was asked to cooperate in the study. Her mother felt that none of the family should speak to us so that they would not have to be reminded of "those terrible days." The daughter agreed to see us only if her mother did not know. The subject did not want to worry her mother. In 3

cases the young adults would not visit us but allowed home visits. Thus, roughly a third of the group acted more or less "phobically" about the study and could not cooperate fully. Likewise, several sets of parents either anxiously or hostilely refused to be interviewed.

III. REVIEW OF RELATED FOLLOW-UP STUDIES

There is a sparsity of follow-up studies regarding school phobias. We could find only several. Rodrique, Rodriques and Eisenberg[5] described a group of 41 children whose follow-up period was between 15 and 80 months. They used successful school attendance as their outcome measurement and stressed the good results with the younger children (89% success) and poor results with the 11 years and older group (36% return to school). Several other studies by Waldfogel and Glaser were quoted in the same article in which the emphasis was upon early intervention and treatment and the high percentage of children returned to school if treated.

In the most comprehensive follow-up study found Coolidge, Brodie and Feeney[1] made a 10-year follow-up of 49 children. They reported that 47 out of the 49 children were able to return to school, some had graduated high school, several were in college. In our group 11 out of the 14 returned to school without difficulty, one dropped for 30 days and returned, one dropped out permanently from high school, one also dropped out in the 9th grade but finished high school by correspondence.

The following shows the level attained by the group:

TABLE 4

Academic Level	Numbers
Still in high school	2
Dropped out of high school	1
High school graduated	4
In college or planning to go	2
College credit but dropped before completion	3
College graduated	2
Total	14

Only two follow-up studies done for hospitalized school phobic adolescents were found. In one study Warren[6] in England viewed his group 6 years after discharge. Speaking basically of the same aged young adults as our group he indicated that 1 should be hospitalized, 3 were severely handicapped, 3 were somewhat limited by phobic symptoms, 3 had neurotic difficulties and 6 appeared quite well. It is difficult to compare the outcome in our group. Trying, however, to make a parallel with our entire 16 children 1 of our subjects should be hospitalized (psychotic) 1 is severely limited (also psychotic), 4 are moderately affected by either phobias or other neurotic disturbances, 6 are making a good adjustment despite minor disturbances and 4 are quite well.

Hersov[3], also in England, mentioned 22 children or adolescents admitted to in-patient units. Of this group two-thirds of the children returned to school. In our group almost 4/5 returned to school. His children showed 58% maintained their improvement while our group showed 70% maintained their improvement.

IV. RESULTS OF STUDY

A. Adaptational Factors

In some respects our results paralleled those obtained by Coolidge, Brodie and Feeney. There were, however, certain differences--for one thing, our group was older, having a median age of 19½ as compared to their median age of 16. As a consequence, we were able to view the group's development in their adolescence and their emergence as young adults. For another thing, our group was a selected group of more severely disturbed school phobic children.

1. School Adaptation

As Coolidge pointed out, some observers have been impressed with the school phobic child's apparent intellectual alertness and wish to excel. Some have called these children more intelligent than their peers. Our data pointed to an I.Q. range on the WISC from 83 to 125, with a median of 104. Of course, some of the children had higher potentials, but had diminished functioning because of

anxiety and various elements of repression and constriction.

We also compared the actual school achievement with I.Q. scores. In contradistinction to the Coolidge report in which almost 50% of the children were performing below expectations and only 12% were functioning above expectations, our findings seemed reversed.

TABLE 5

Academic Expectations As Related To I.Q.

	%iles
Over-achievement	29%
Expected achievement	57%
Under-achievement	14%
	100%

Perhaps the high percentage of over-achievers in our group was due to the fact that the I.Q. scores were obtained at the time of the child's hospitalization. Since we did not retest the children at the time of the follow-up we cannot be sure that their I.Q. functioning had not improved.

We also saw that the young men had significantly greater scholastic problems than the girls.

In their social adjustment in school this same group continued to have a high incidence of difficulties. About 2/3 of the group reported some degree of social isolation and discomfort with other students and some teachers. Even the 1/3 who were making a good adjustment seemed to be pushing themselves into a host of activities, almost in a counter-phobic fashion. Yet, this portion of the group managed to be quite successful in student government, dramatics or journalism. They were the reliable, hard-working members in these activities.

2. Work Adaptation:

In considering the work and economic independency this group showed an exceptionally good adjustment. Currently 3 of the women were bookkeepers, 1 a teacher, 1 a dietician. The 2 married women were doing their housework adequately. Three were too young to work. Two men were in skilled trades, each in special training to up-grade themselves, a bricklayer and a tool and die maker. Two other

men were having difficulty working steadily. They were struggling with the decision about continuing college and seemed to be drifting along in "temporary" jobs which were becoming permanent. In summary, 8 out of the 11 (exclusive of the 2 in high school and the 1 just graduated) had excellent to good work records, 1 had a fair adjustment and 2 had poor records.

As a group they appeared to be good, reliable, conscientious workers, who were advancing, and were well thought of by their employers. Needless to say, most all of them achieved complete financial independence. Of the 11, 9 were completely independent, several women were helping to support their spouses through college. One woman was supporting a younger sister who lived with her. Two were partially dependent upon their families but earning money for their own needs.

3. Social Adaptation:

In considering the social relationship area the following factors were assessed: peer relationships, heterosexual object relationships and social interests and activities. In general, the social, interpersonal area appeared more troublesome to the group than the other areas of school and work. About half had a relatively good social adjustment; the other half a fair to poor one. The latter half were still hesitant about dating, had relatively few friends, were "too busy" to do much in social activities.

TABLE 6

SOCIAL FACTORS

	Excellent	Good	Fair	Poor
Peer Relations	0	6	7	1
Heterosexual	3	3	7	1
Social Activities	3	4	7	0

4. Intra-Familial Relationships:

In considering the intra-familial relationships we tried to assess the appropriateness and quality of the subjects' present relationships with parents, siblings, and their spouses relative to their phase of development. We thought this factor

would relate closely to the group's emotional independence.

TABLE 7

Present Relationships with Parents - Quality of Relating	Numbers
Appropriate: friendly, not overly close	8
Partially emotionally dependent; overly close to one or the other parent	3
Overly distant, hostile--a break with one or both parents	3
Completely dependent	0
Total	14

Over half of the group had been able to develop appropriately friendly, mutually satisfying relationships with their parents. In some instances the parents encouraged this growth upon the part of their children. None of these parents discouraged their child's thrust into greater maturity. In this sub-group several subjects were aware of their own shift away from their mother and toward the father. They viewed their relationship with father as stronger and saw him as a more adequate, supportive person. As a corollary, they observed their mother's difficulties more realistically. One girl said she could now talk to her father. Another saw her father as more understanding of her and her past difficulties. A young man said he had seen his father as a tyrant and his mother as more sympathetic. Now he saw that his father was being more realistic and his mother as being overly solicitous.

Several had forcibly to break off their relationship with one or both parents. In these instances significant intra-familial friction and personality disturbances in the parents were present. This young adult, perhaps in self defense and in his quest for adult emancipation, had to extricate himself from an intolerable, demoralizing home situation. Viewed in this light his forcible break could be interpreted as a necessary, positive step. One subject had to sever her relationship with a psychotic mother who had dominated her and an alcoholic father who wished her to baby him. A young man broke off contact with his parents who con-

stantly tried to involve him in their bickering and subsequent divorce.

Several adults were still not free of more dependent ties with their parents. Typically these young people were working, had a fair range of social activity and relationships but still needed their parents to help make their decisions, to reassure them when they doubted. One young lady indicated that though she made her own decisions she felt more comfortable if she obtained her mother's approval for what she had decided. A young man who vacillated between working or going to college said about his parents "I wish they'd make up my mind for me."

Each of the 5 marriages seemed relatively stable. One young lady with an infant complained that her husband still ran around with his boy friends and spent his weekends playing ball. However, his parents were talking to him and she hoped he would grow up in time. The other women married stable, ambitious men, who enjoyed playing a dominant, active role. The two married men had quiet, reticent young wives. All the homes seemed to be well kept, organized and quiet.

5. Over-all Adaptation:

In terms of the group's over-all adaptation (including factors of school and work adjustments, intra-familial relationships, peers and heterosocial relationship, social interests and activities and independence) the following summary table can be used:

TABLE 8

Over-all Adaptation According to Original Groups of Neurotic Children

	Excellent	Good	Fair	Poor
Group 1 neurotic children	3	2	2	0
Group 2 neurotic children	1	4	2	0
Total	4(28.6%)	6(42.8%)	4(28.6%)	0

Over-all Adaptation According to Sex

	Excellent	Good	Fair	Poor
Girls	3	5	2	0
Boys	1	1	2	0
Total	4	6	4	

According to our criteria an excellent adapter was defined as a person who had maintained a good work or school performance, who was economically independent (if old enough), and who had achieved mature heterosexual interests, who had good peer relations, had a non-restrictive range of social interests and activities and had an appropriate emotional independence from the primary family. He had achieved a solid self-identity and was committed to and accepting of his role as a functioning adult in society. The good adapter was similar to the excellent except that areas of difficulties, in particular the area of heterosexuality, peers and social interests were present. The good adapter might still display some lack of mature emotional independence from his parents. Yet, he turned out to be a decent looking adult. The fair adapter had obvious difficulty in attaining a reasonably stable adult role. Several had obviously given up a chance for more schooling, might be reluctant to leave home. The fair adapter had job difficulties and was both emotionally and financially dependent upon his parents to a degree. Friendships were quite limited; interests were quite restricted. Despite all of these problems he was either maintaining himself in school or, in part, earning his own living. There were none who had renounced an adult social role.

As Table 8 indicated, the overall adaptation of the group was surprisingly good. Over 70% were doing excellently or good, 28.6% were doing fair and none was doing poorly. Hence, as an original group of children with a serious enough syndrome to warrant hospitalization they fared well. Interestingly, the girls tended to do much better overall than the boys.

What about differences between the 2 neurotic groups in regards to their

adaptation. Comparison of the 2 groups in reference to all the factors comprising adaptation fails to reveal any significant differences. In other words, the partially gratified children of the more disturbed families fared just as well as the warmer relating children of the more intact families in regard to their over-all adaptation.

A word about the 2 psychotic boys who were not included in the present sample--they were both completely dependent upon their families, unproductive and isolated.

An attempt was made to relate the adaptational outcome of the group and the kind of emotional support received from their families during adolescence. No clean-cut correlation could be made. In the case of 4 or 5 subjects the understanding and the help of the parents seemed important to the eventual good adjustment of their children. Such parents themselves appeared to grow, to make some changes in their perception of their children and their relationships. These parents were the ones who had entered into case work willingly during the children's hospitalization. The children and the parents were predominately from our group 1. The children from group 2 who did well came from families whose basic structures and conflicts remained unchanged. As these children grew up they showed real strength in making their own way. Here the families became less important to the children and the subjects "broke away" from them. In group 2 there was a majority who had severed relationships with one or both parents.

B. Subjects' Reaction to Illness and Hospitalization:

Most of the group felt they had received much or some help. Several found it hard to remember much of their hospital experience.

TABLE 9

Self-Assessment of Help Received in Hospital	Numbers
Much help	6
Some help	3
No help	3
Don't remember or don't know	2
Total	14

Most of the group felt they had been helped most by their association with other children while in residence. They spoke of being afraid to relate to other children before hospitalization. They spoke of entering into social and recreational activities hitherto denied to them by their illness.

Amongst staff members considered important to the patient, the child care workers were mentioned most prominently. Many of the subjects did not point out any one person but merely referred to the interest and good relationships with the whole staff.

Only one person mentioned the hospital school as important. Only one child recalled her psychotherapy as being the most important experience for her. In fact, four children viewed their psychotherapeutic experience negatively, voiced some dislike of their therapist (3 of the 4 had the same therapist). It might be that the therapist herself had certain qualities which were unappealing to the patients. Or, the patients might have been threatened by attempts at probing and being confronted with their underlying feelings and concerns. Nonetheless, more of the children remembered their "doctors" positively in terms of their help and support during their hospital stay.

TABLE 10

Most Help In The Hospital	Number of Comments*
Living with other children	8
No help	2
Trust people more	1
Opened me up	1
Routine	1
School	1
Psychotherapy	1
Away from parents	1
Don't know or remember	2

*In several instances there was more than one response per subject.

Their understanding of their illness and their insight into their difficulties varied considerably. Most had some partial insight into their problems. About a quarter had no real awareness why they were hospitalized or what was the basis of their problems. As mentioned, about 1/4 had repressed or were unwilling to talk about their reactions.

TABLE 11

Patients' View of Original Illness

Home -		
Felt safer at home	3	
Worried about mother	2	
Upset about parental bickering	1	6
School -		
Afraid to go because of children and/or teachers and/or work	2	2
Peers, People -		
Couldn't make friends	2	
Afraid of crowds	1	3
No opinion	3	3
	Total	14

TABLE 12

Patients' Retrospective "Insight"

Mother overprotected or too dependent upon mother	5
Worried about mother's illness	2
Worried about family troubles	2
Afraid to make friends	2
Too immature	1
Don't remember or don't know	2
Total	14

Most of the group who could recall their illness related their main problems as centering around home. They described themselves as feeling safer at home, being concerned about their families. Only several mentioned an actual fear of going to school or of making friends. As to "insight" 5 subjects saw their basic struggle in terms of an unresolved over-attachment to their mother or the imposition of a mother's overprotection upon them. Four others were worried about the mother's illness or with family troubles compelling them to stay in the home.

In general, the reaction of the parents toward the hospitalization paralleled the children's reaction. About half saw the hospital as being greatly helpful, several saw it as being of some help. Several others were non-committal or frankly hostile and negative about the hospitalization. One parent reported that only after his girl left "that lousy place" did she begin to obtain help "by our own efforts."

The parents who were in an active case work process saw the hospitalization as an opportunity to understand their child's needs better and to modify their own relationship to their child.

C. Psychological Assessment:

When the mental status or the cross-sectional psychological assessment of the group was evaluated the subjects looked "sicker" than their adaptation would indicate. Also, here the two groups of neurotic children could be differentiated.

The following table shows the separating out of five clusters of children according to the mental status profile.

TABLE 13

MENTAL STATUS CLUSTERS

		Numbers		%ile
		Group 1	Group 2	
A	(Not anxious or depressed (No significant neurotic status (Good range of affect and relationship capacity	1		7%
B	(Mildly to moderately anxious or depressed (Mild to moderate neurotic status with (phobic trends (Fair range of affect and intact relationship (capacity	3	1	29%
C	(Tight, constricted, inhibited, compulsive, (repressed, bland, restricted (Obvious limits to affect expression and (object relationship	3	5	57%
D	(Quick temper, impulsive, "acting out", (dislikes people		1	7%
	Total	7	7	100%

Over half of the subjects had character and neurotic traits which were obvious. These young adults had significantly constricted or compulsive-like personality profiles. They were tight, inhibited, over-controlled individuals showing attenuated affect and some lack of warmth and depth in relating. Most of them came from the original group 2 type of neurotic children.

About a third were more healthy looking persons. One looked "normal." The others did have anxiety and/or depression, but not of a serious degree. Some phobic symptoms were seen, but were not incapacitating. These were warmer, friendlier, more spontaneous people who related intactly. With one exception all of them came from the original group 1 neurotic children.

One boy appeared to be an impulsive, "acting out" personality who avoided most people because he disliked them. Some of his daro-devil activities appeared counter-phobic in quality.

V. Discussion:

In reviewing our results we were impressed with the fact that the group's over-all adaptation as adults was surprisingly good. Perhaps the same qualities which made them conscientious, conforming students when children helped them to become willing and ambitious workers and students as late adolescents and adults. Undoubtedly all of the subjects had attained during their adolescence more a sense of "identity" and less a "role diffusion" in Erikson's terms. If it is true that "it is primarily the inability to settle on an occupational identity which disturbs young people"[2] then this group had avoided a major disturbance in adolescence.

Inhelder and Piaget[4] also stressed the importance of the adolescent's aim toward a productive occupational role. They also spoke of his commitment to possibilities, that he "differs from the child above all in that he thinks beyond the present...The focal point of the decentering process (from the egocentrism of the adolescent) is the entrance into the occupational world or the beginning of serious professional training. The adolescent becomes an adult when he undertakes a real job. It is then he is transformed from an idealistic reformer into an achiever." However, they added that the adolescent should not only take his place in society but that he should have a life program and plans for changing the society he saw.

In substance, we thought our subjects' achievements and adaptation as they entered or already settled into adult society presented a picture no worse than that seen for a cross-section of unselected peers. At the same time our group may not be the innovators nor the reformers in society.

When we considered their young adult status Freud's reputed answer to the question "what should a normal person be able to do well?" came to mind. His answer "Lieben and arbeiten" (to love and to work) could be used as a measuring stick for our group. Certainly our group worked. Were they capable of being

genital and loving human beings? We could only speculate about this question. Might the difference in the two neurotic groups in reference to their psychological status be important? The group 1 subjects were warmer, more responsive humans who were more capable of deep, meaningful object ties. Thus, they might be able to achieve the kind of mature love relationship to which Freud referred.

In contrast, the group 2 subjects remained relatively constricted, affectively cool or cold humans whose capacity to relate to others deeply and intimately was limited. These adolescents and adults, we felt, would find it hard to love in the sense Freud meant.

We were impressed with the fact that some of the parents "grew up" with their children, offering their offspring a more appropriate kind of help which encouraged their emancipation and assumption of adequate adult roles. In several instances this change in parents was stimulated by case work treatment. In some cases it arose as a spontaneous realization for their own need to change. In these families some of the adolescents experienced an obvious shift toward their fathers, balancing more equally their cathexis toward their parents.

The group's own view of their hospitalization provided us with a confirmation of our original view, that the milieu aspect of the residential treatment was the most significant. Subjects recognized the importance of living with other children, of breaking through their self-imposed social and recreational restrictions. Despite their reticence and resistance they appreciated the staff's consistent and firm insistence upon their group participation.

Their recall concerning their illness and their retrospective "insight" into their difficulties suggested that they themselves realized or somehow learned that theirs was a home problem and not a school problem. They also saw the core dynamics as centering around the over-dependency or over-concern about their mothers. No insight into the hostile aspects of the relationships was discussed. In retrospect, the subjects did not maintain a "phobic" view of their problem, i.e., they

did not displace the difficulty in terms of the school and away from home and mother. Several, however, had repressed or denied knowledge of the entire problem.

The cross sectional psychological study of the group showed that most of the subjects 5 to 10 years later maintained their original mental status. The more anxious, somewhat phobic patients remained similar. Likewise, the more inhibited, constricted, bland persons remained the same. What had changed was their obviously greater maturity and some greater intellectual or emotional awareness of what they had been like or what disturbed them. Would it have been significantly helpful for them to have entered into psychotherapy when they returned home? This remains a moot point. Perhaps only long term, intensive psychotherapy could now make important internal changes in the majority of the group.

VI. Summary and Conclusions:

A 5 to 10-year follow-up study of a group of 16 children and adolescents originally hospitalized for a school phobic syndrome is reported. The primary focus was upon the 14 neurotic children.

Most all the group were young adults or late teenagers.

Little difficulty resuming school after hospitalization was experienced. All but 1 graduated high school (exclusive of the 2 still in high school) with over half having some college credit. Most experienced some degree of social discomfort and isolation in school, however. Their work adaptation was generally good. They were conscientious, reliable workers who were advancing on their jobs and were economically independent. In the social area significant problems for half the group emerged: hesitancy regarding heterosexual ties, maintenance of circumscribed peer relationships, avoidance and restriction in social and recreational activities. The other half had relatively good, adequate social relationships. The current relationship between them and their primary families varied. Over half were able to develop phase appropriate relationships with their parents and sibs characterized by friendly, mutually satisfying, not overly close bonds. Several young adults

had to break off the ties to parents precipitously to extricate themselves from a complicated home situation and to establish a freer, more independent status. Several others still clung to their homes seeking emotional support and direction.

The overall assessment of the group indicated an excellent or good adaptation for almost 3/4, a fair level for about a 1/4. None was doing poorly. A comparison of the overall adaptation for neurotic group 1 (the more overtly anxious, phobic subjects with warmer affect and intact relationship capacity) and neurotic group 2 (the less overtly anxious subjects with bland affect and an impaired relationship capacity) failed to show a significant difference. However, the families of group 1 (the more intact, closer knit units) were able to give their children constructive support whereas the families of group 2 (the more disruptive, narcissistically ungiving homes) became less important to the children who had the ego strength to sever parental ties.

The group's perception of their past illness was mainly in terms of their needing to remain at home to feel more secure or out of concern for their mother. Only a few saw their problem in terms of fear in going to school or fear of people. A few more repressed or denied any awareness. A correlative finding was the group's "retrospective insight" into their basic struggle in terms of an unresolved over-attachment to their mother or their over-concern for their mother. Their view of their hospitalization was mainly positive. They stressed the most helpful aspect of treatment in terms of the milieu which provided them with opportunities to relate more adequately to peers and to participate in social activities. This confirmed our original thesis that the milieu aspect of residential treatment was most important. The parents, too, were generally positive about the hospitalization. experience. Those parents who involved themselves in an active case work saw the help process as enhancing greater understanding of their child's problems, their own involvement in them and gave them some strength to shift the quality of their

relationship to the child.

The cross-sectional psychological assessments supported the idea that the group subjects maintained their basic personality structures and internal dynamic arrangements. Only 1 person could be considered normal. About 1/3 were mildly to moderately anxious and/or depressed, displayed some phobic and other neurotic symptoms. Despite these findings they had fairly decent affect range and relationship capacity. Over half (57%) showed various aspects of a constricted, inhibited, compulsive-like personality make-up. They showed obvious limits in affect expression and relationship capacity. A correlation could be seen between the two original neurotic groups and these mental status findings.

Considering the entire group, its members showed a gratifying level of functioning as adults or late adolescents, particularly in the area of occupation (or preparing for an occupation in school) and in their independence. When viewed as adults capable of mature, loving, intimate human relationships some question is raised. In this area over half the group seemed now to have significant problems. A correlation was seen between the 2 neurotic groups, the group 1 subjects appearing more capable of mature libidinal relationships, while the group 2 subjects did not.

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